# Sibley Heart Center Cardiology Referral Form

**Phone: 404-256-2593 or 800-542-2233 Fax: 404-252-7431**
**choa.org/cardiology**

Please fax signed form to **404-252-7431**.

If required, generate a referral request from the patient's insurance plan and fax the authorization to **404-252-7431**.

Authorization Number ________________________ (if needed)

**Patient Name:**_______________________________ **Date of Birth:** __/__/__ **Patient Phone:**_____________________

Referring Provider Name:_________________________ Provider Phone:_____________ Provider Fax_____________
**(PRINT)**

Sibley Heart Center Cardiology

## Option 1: Evaluate and Treat ☐

**Fax demographic sheet, clinical notes or other records needed for the appointment, with referral to 404-252-7431**

**Diagnosis: (Check all that apply for full evaluation by Cardiologist)**

___ Chest pain
___ Syncope/lightheadedness
___ Palpitations
___ Tachycardia
___ Cardiac Clearance
___ Murmur

___ Cyanotic Episodes
For DX below, send information as indicated:
___ Hypertension (**Send prior BP readings**)
___ Hyperlipidemia (**Send most recent labs**)
___ Abnormal ECG (**Send previous ECG**)
___ Other ____________________________________

## Option 2: Test Only ☐

**Orders must be received before a test can be performed:**
**Fax this order to 404-252-7431.**

**Patient will NOT see a Cardiologist**

Diagnosis ___________________________________________________________________
Reason for Study _____________________________________________________________
___ ECG (Need previous ECG if available)
___ Echocardiogram
___ Holter Monitor (24-hour study)
___ Event Recorder (30 day study)

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**Referring Provider Signature Required:**________________________________ **Date:** ____/____/____

**At Sibley Heart Center Cardiology we have a medical interpreter and language line available to assist all non-English speaking patients.**

Please call us at **404-256-2593** or visit **www.choa.org/cardiologyreferrals** to submit an online referral.
To request more pads to be sent to your office, visit **choa.org/orderpad**